

Overcoming breastfeeding problems

Definition

Common problems may occur during breastfeeding. Fortunately, most problems can be easily managed with a variety of strategies. Lactation consultants are an excellent resource for additional help. Even most premature babies can be breastfed.

Alternative Names

Plugged milk ducts; Nipple soreness when breastfeeding; Breastfeeding - overcoming problems; Let-down reflex

Recommendations

Breastfeeding (nursing) your baby can be a comfortable and relaxing experience, though nipple soreness should be expected, especially during the first weeks of breastfeeding. Some breastfeeding mothers describe nipple soreness as a pinching, itching, or burning sensation.

Nipple soreness may be caused by:

- Improper position of baby
- Improper feeding techniques
- Improper nipple care

For many women, there is no identified cause. A simple change in your baby's position while feeding may relieve nipple soreness. Some breastfeeding mothers report nipple soreness only during the initial adjustment period.

Comfortable breastfeeding takes time and experience. To encourage a comfortable and successful breastfeeding experience, get an early start in the hospital. Request the help of a lactation consultant or nurse to get you started with proper positioning and breast care.

Nipple soreness may be caused by incomplete suction release at the end of your baby's feeding. You can help your baby learn to release (and reduce your discomfort) by gently inserting a finger into the side of the mouth to break the suction.

Excessively dry or excessively moist skin can also cause nipple soreness. Moisture may be due to wearing bras made of synthetic fabrics which increase sweating and hinder evaporation.

Using soaps or solutions that remove natural skin oils can cause excessively dry skin. Ointments containing lanolin may be helpful for the care of dry or cracking nipples. Olive oil and expressed milk are also effective for soothing uncomfortable nipples. Using different feeding positions also may help reduce soreness.

Nipple soreness can also be caused by your baby chewing or biting on the nipples. When your baby begins teething, the gums will swell, itch, and hurt. Biting and chewing seems to help relieve this discomfort.

To comfort your baby and reduce the desire to chew on or bite your breast, provide something cold and wet to chew on for a few minutes before breastfeeding. A clean, wet washcloth from the refrigerator will work well for this purpose. The cold will help numb painful gums and may give relief throughout the feeding.

You may want to allow the infant to chew on another cold, wet washcloth before feeding on the other breast begins.

BREAST ENGORGEMENT OR BREAST FULLNESS

Breast engorgement is caused by congestion of the blood vessels in the breast. The breasts are swollen, hard, and painful. The nipples cannot protrude to



Breast milk
is the best
source of
nutrition for
the first six
months of life

 ADAM.

allow the baby to latch on correctly, and nursing is difficult.

Engorgement is different from breast fullness. Breast fullness is the gradual accumulation of blood and milk in the breast a few days after birth and is a sign that your milk is coming in. Breast fullness doesn't impair efficient breastfeeding because the breast tissues can be easily compressed by the baby's mouth.

Nurse often (8 times or more in 24 hours) and for at least 15 minutes for each feeding to prevent engorgement. To relieve breast engorgement, express milk manually or with a pump. Electric breast pumps work best. Alternate taking warm showers and using cold compresses to help relieve the discomfort.

LET-DOWN REFLEX

The let-down reflex is a normal and necessary part of breastfeeding. Hormones (prolactin and oxytocin) control the reflex and allow milk produced in the milk glands to be released into the milk ducts.

Pain, stress, and anxiety can interfere with the reflex. This will cause the retention of milk within the milk glands which can cause additional pain and anxiety. Treatment includes relaxation and a comfortable nursing position.

Reducing distractions during nursing, performing a gentle massage, and applying heat to the breast will also help. You should discuss prolonged problems with your health care provider.

INADEQUATE MILK SUPPLY

The baby's milk demand determines the mother's supply. Frequent feedings, adequate rest, good nutrition, and adequate fluid intake can help maintain a good milk supply.

Checking weight and growth frequently is the best way to make sure your baby is taking enough milk. If you have concerns about how much breast milk your baby is consuming, consult your physician.

PLUGGED MILK DUCT

A milk duct can become plugged if the baby does not feed well, if the mother skips feedings (common when the child is weaning), or if she wears a constricting bra. Symptoms of a plugged milk duct include tenderness, heat and redness in

one area of the breast, or a palpable lump close to the skin.

Sometimes, a tiny white dot can be seen at the opening of the duct on the nipple. Massaging the area and gentle pressure can help to remove the plug.

BREAST INFECTION

A breast infection (mastitis) causes flu-like symptoms such as aching muscles, fever, and a red, hot, tender area on one breast. Consult your doctor if you develop these symptoms, as medication is needed to treat this infection.

Breast infections most commonly occur in mothers who are stressed and exhausted, have cracked nipples, plugged milk ducts or breast engorgement, have skipped feedings, or wear a tight bra.

Treatment frequently includes

- Antibiotics for the infection
- Moist, warm compresses to the infected area
- Wearing a comfortable bra between feedings
- Rest

Breast milk is safe for the baby and continues to be the best source of nutrition -- even when you have a breast infection.

Frequent nursing from the affected breast will promote healing. Although only one breast is usually infected, it is important to continue breastfeeding from both breasts to prevent the infection from getting worse.

If nursing is too uncomfortable, pumping or manual expression is recommended. You can try offering the unaffected breast first until let-down occurs, to prevent discomfort. Consult your physician for help.

THRUSH

Thrush is a common yeast infection that can be passed between the mother and the baby during breastfeeding. The yeast (called *Candida albicans*) thrives in warm, moist areas.

The baby's mouth and the mother's nipples are perfect places for this yeast to grow. A yeast infection can be difficult to cure, but fortunately this is uncommon. Yeast infections frequently occur during or after antibiotic treatments.

Symptoms of yeast infection in the mother are deep-pink nipples that are tender or uncomfortable during and immediately after nursing. Symptoms of

thrush (an oral yeast infection) in the baby include white patches and increased redness in the baby's mouth.

The baby may also have a diaper rash, a change in mood, and will want to

suckle more frequently. Contact your physician to get a prescription for an anti-fungal medication for affected members of your family.

ILLNESS

If you develop a fever or illness, contact your health care provider. Breastfeeding can be safely continued during most illnesses, and the baby is likely to benefit from the mother's antibodies.

Notes:



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